



# Grand Traverse County

## Community Emergency Response Team

Following a major community emergency, first responders who provide fire and medical services will not be able to meet the demand for these services. Factors such as number of victims, communication failures and road blockages will prevent people from accessing emergency services they have come to expect at a moment's notice through 911.

We also know people will spontaneously volunteer to assist their neighbors in a disaster. CERT is an effort to bring organization and provide for a communities citizens to assist in helping a community to recover.

A member of CERT will be in a position to assist their community to respond to and cope with the aftermath of a disaster.

CERT is not just working in the field, CERT needs volunteers that can organize operate computers, answer phones, process paperwork, etc.

For more information you can go to  
<http://www.fema.gov/community-emergency-response-teams>



For more information, contact;

### Gregg Bird PEM



2600 LaFranier Road  
Traverse City, MI 49686  
Phone: (231) 995-6059  
Fax: (231) 995-6139  
Cell: (231) 590-2373  
e-mail: [gbird@grandtraverse.org](mailto:gbird@grandtraverse.org)  
web site:  
<http://www.grandtraverse.org/EM>  
Facebook: [GTCemergency](https://www.facebook.com/GTCemergency)  
Twitter: [@GTCemergency](https://twitter.com/GTCemergency)



# Grand Traverse County CERT



## Application for Community Emergency Response Team Volunteer Program

_____	_____	_____	_____
Name (Last)	(First)	(Middle)	Date of Birth
_____		_____	_____
Address		City	Zip Code
_____	_____	_____	
Phone Number	Alternate Phone Number	e-mail	
_____	_____	_____	
Employer	Work Phone Number	Work Schedule	
_____			
Driver's License Number			

Are you physically and mentally capable of performing CERT duties?

- YES
- NO - If no, what accommodations would you require? \_\_\_\_\_

I hereby agree that the information provided is accurate and I agree that the Grand Traverse County Office of Emergency Management and/or Grand Traverse County may verify such information. I understand that this position requires a personal background check including but not limited to my driving record and criminal history. I agree to the disclosure of such information to the Grand Traverse County Office of Emergency Management and/or Grand Traverse County by any agency or person and release such from any liability with such disclosure.

I further agree that if accepted for membership on the Grand Traverse County Emergency Response Team (CERT) that I will read the Standard Operating Procedures and obey all policies and procedures of the Grand Traverse County Emergency Response Team (CERT). I understand that membership on the Grand Traverse County Community Response Team (CERT) is at will basis and may be terminated by the Grand Traverse County Emergency Management for any reason.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

<b>Office Use:</b>	<i>Criminal History</i> _____ / _____	<i>Driving Record</i> _____ / _____
<b>Application:</b>	<i>Approved</i>	<i>Denied/Reason(s):</i> _____
	<b>By:</b> _____	/